SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000120 (4)**

1. Corporation Name

MEDPLUS HEALTHCARE INFORMATION TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
8600 GOVERNOR'S HILL DR. SUITE 112 CINCINNATI OH 45249	8600 GOVERNOR'S HILL DR. SUITE 112 CINCINNATI OH 45249

3. Date Incorporated or Qualified: **01/09/1995** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9805 GOVERNOR'S HILL DR	26 SAME
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 CINCINNATI, OHIO	28 City & State
24 Zip 45249 / 25 Country USA	29 Zip / 30 Country

4. FEI Number: **48-1094982** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE:
Signature, typed or printed name, and title of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, RICHARD		12 NAME		
STREET ADDRESS	8600 GOVERNOR'S HILL DR.		13 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45249		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MAYO, ANDREW		22 NAME		
STREET ADDRESS	8600 GOVERNOR'S HILL DR.		23 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45249		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	KENNY, ROBERT		32 NAME		
STREET ADDRESS	29100 AURORA RD., #320		33 STREET ADDRESS		
CITY-ST-ZIP	SOLON OH 44139		34 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	41 TITLE	V.P. OF FINANCE	☒ Change ☐ Addition
NAME	BARTON, TOM		42 NAME	DANIEL A. SILBER	
STREET ADDRESS	4311 BERRYHILL LN.		43 STREET ADDRESS	924 PALOMINO DRIVE	
CITY-ST-ZIP	CINCINNATI OH 45242		44 CITY-ST-ZIP	VILLA HILLS, KY 41017	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	STEIN, PAUL		52 NAME		
STREET ADDRESS	4041 HARDING DR.		53 STREET ADDRESS		
CITY-ST-ZIP	WEST LAKE OH 44145		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HILNBRAND, JAY		62 NAME		
STREET ADDRESS	617 SONORA CT.		63 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45215		64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ V.P. Finance 6/11/96 513-583-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #